

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573412

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
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49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		①				
52						
53			1	/		
54				/		
55				/		
56				/		
57				/		
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59				/		
60				/		
61				/		
62				/		
63				/		
64			1	/		
65				/		
66				/		
67				/		
68				/		
69				/		
70				/		
71				/		
72				1		
73			1	/		
74				/		
75				/		
76				/		
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78				/		
79				/		
80				/		
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91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	20	←		←
TOTAL CLAIMS			23			